

TOTAL 355 INCONTINENT FARMERS OF DELMARVA HEALTH & WELFARE PLAN						
		LEVEL 1	LEVEL 2	LEVEL 3	LEVEL 4	
		AFTER 180 DAYS	AFTER 1 YEAR	AFTER 2 YEARS	AFTER 5 YEARS	
VACATION	Hourly	2 weeks - 1 year 3 weeks - 5 years 4 weeks - 15 years 5 weeks - 25 years*		1-3 years - 1 week 4-9 years - 2 weeks 10-19 years - 3 weeks 20-24 years - 4 weeks 25+ years - 5 weeks	1-3 years - 1 week 4-9 years - 2 weeks 10-19 years - 3 weeks 20-24 years - 4 weeks 25+ years - 5 weeks	
LTD		After 90 days out pays 60% of salary until age 65 if totally disabled.	None	None	None	
STD		Cost depends on hourly rate Max. \$200/week for 26 weeks \$1.50/week**	No STD - Regular pay for first 90 days if employed over 1 year	\$70/week 1st day of accident 8th day of illness	\$105/week 1st day of accident 8th day of illness	
LIFE INS.		Can only pick between 10, 20, 30, 40 & 50,000 life depending upon age and amount determines the cost	Can choose additional which is 2 times salary or can also choose supplemental which is 1 times salary Premium based on salary and formula for additional life. Premium based on salary as well as age on the supplemental life.	\$10,000 paid by company	\$10,000 paid by company	
DEPENDENT	\$56/week	\$1.22/pay	None	None	None	
LIFE	\$1.49/week - single	\$3.18/pay - single	Max. payment every 2 years - \$655	Max. payment every 2 years - \$100	Max. payment every 2 years - \$170	
VISION	\$3.22/week - family	\$6.89/pay - family	Weekly	Weekly	Weekly	
PAY PERIOD	Weekly	15th & last day of 1st month				

